

HEALTH RATES COBRA

Effective January 1, 2010

	MONTHLY RATES			AEI* MONTHLY RATES		
HEALTH PLANS	SELF	SELF+1	FAMILY	SELF	SELF+1	FAMILY
MEDICAL:						
Carefirst High Option POS (medical only)	\$421.19	\$728.60	\$1,226.82	\$147.42	\$255.01	\$429.39
Carefirst Standard Option POS (medical only)	\$391.71	\$677.59	\$1,140.95	\$137.10	\$237.16	\$399.33
UnitedHealthcare Select HMO (medical only)	\$386.84	\$743.64	\$1,182.18	\$135.39	\$260.27	\$413.76
Kaiser HMO (medical with Rx)	\$443.02	\$832.86	\$1,311.31	\$155.06	\$291.50	\$458.96
1/ Carefirst Indemnity (medical with Rx discount) non-medicare	\$860.03	\$1,831.76	\$2,747.78	\$301.01	\$641.11	\$961.72
1/ Carefirst Indemnity (medical with Rx discount) medicare	\$444.04	\$924.46	\$1,146.20	\$155.41	\$323.56	\$401.17
PRESCRIPTION:						
2/ Caremark High Option \$4/\$8 Rx Plan	\$175.67	\$325.00	\$503.64	\$61.49	\$113.75	\$176.27
3/ Caremark High Option \$5/\$10 Rx Plan	\$173.41	\$320.80	\$497.14	\$60.69	\$112.28	\$174.00
Caremark Standard Option \$10/\$20/\$35 Rx Plan	\$124.15	\$229.68	\$355.93	\$43.45	\$80.39	\$124.58
DENTAL:						
Dental PPO (Traditional Dental Plan)	\$34.87	\$77.68	\$111.78	\$12.21	\$27.19	\$39.12
Dental HMO (DHMO)	\$15.61	\$28.57	\$42.97	\$5.46	\$10.00	\$15.04
VISION:						
Vision Plan	\$3.74	\$5.93	\$9.00	\$1.31	\$2.07	\$3.15
Discount Vision Plan	\$0.52	\$0.52	\$0.52	\$0.18	\$0.18	\$0.18

1/ Only available to COBRA participants who are currently enrolled in the Carefirst Indemnity Plan.

2/ Only available to COBRA participants who were MCGEO/IAFF at the time of the Qualified Event.

3/ Only available to COBRA participants who were FOP/Non-Rep/Retired at the time of the Qualified Event.

* These rates apply if you qualify as an Assistance Eligible Individual under
The American Recovery and Reinvestment Act of 2009.